

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014478

FILED MAY 11 1959

Registration District No. 294

Primary Registration District No. 3056

STATE FILE NUMBER 84

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Monroe</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Moberly</b> TOWN		c. CITY OR TOWN <b>R#4 Madison</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Woodland Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>7 Mi N.E. Madison</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Length of stay in lb <b>2 dys</b>			
3. NAME OF DECEASED (Type or print) First <b>KATHERINE</b> Middle <b>EDITH</b> Last <b>LAFFERTY</b>		4. DATE OF DEATH Month <b>April</b> Day <b>28</b> Year <b>1959</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 23, 1913</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bookkeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Stave Co.</b>	11. BIRTHPLACE (City and state or country) <b>Monroe Co., Missouri</b>
13a. FATHER'S NAME <b>Joe Quinly</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Jones</b>	14. NAME OF HUSBAND OR WIFE <b>Herman Lafferty</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>510-07-8899</b>	17. INFORMANT Address <b>Herman Lafferty Madison, Mo. R#4</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Ruptured abdominal aortic aneurysm</b> Diabetes mellitus DUE TO (b) <b>Diabetes mellitus</b> DUE TO (c) <b></b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>451X</b>			INTERVAL BETWEEN ONSET AND DEATH <b>30 hours</b> <b>?</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b></b> Month, Day, Year <b></b> a.m. <b></b> p.m. <b></b>			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Monroe Co.</b>	COUNTY <b></b> STATE <b></b>
21. I attended the deceased from <b>April 27, 1959</b> to <b>April 28, 1959</b> and last saw her alive on <b>Apr. 28, 1959</b> Death occurred at <b>9:10 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Physician or title) <b>William L. Thompson, M.D.</b>		22b. ADDRESS <b>Moberly, Mo.</b>	22c. DATE SIGNED <b>4-29-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4-30-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill</b>	23d. LOCATION (City, town, or county) (State) <b>Madison, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Thompson-Mackler Madison, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>4-30-59</b>	26. REGISTRAR'S SIGNATURE <b>Frank W. Jones</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

SEP 10 1959

VS MAY 23 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 457

P. O. Address Madison

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.